

**LICENSING RECORD CLEARANCE REQUEST
STATE OF MICHIGAN**

Family Independence Agency
Office of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- **Please read the reverse side before completing this form.**
- **Please type or print CLEARLY so that the information completed can be read.**
- **Mail completed form to OCAL Central office.**

**SECTION I: REQUESTOR INFORMATION (To be completed
by licensing consultant/worker)**

Licensing Consultant/Worker Name, Address and Phone Number

LICENSEE/APPLICANT NAME

County

LICENSE NUMBER (If assigned)

LICENSE/APPLICATION TYPE

☐ Child Foster ☐ Adoption ☐ Adult Foster Care ☐ Family/Group Day Care Home ☐ Day Care Center ☐ Institution/Agency ☐ Camp

THE PERSON BEING CLEARED IS:

☐ Adult Member of Household (specify relationship to licensee):

☐ Applicant ☐ Licensee ☐ Administrator ☐ Responsible Person (In charge of daily operations) ☐ Director/Program Director

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a OCAL-1326)

NAME (Last, First, Middle Jr., II, etc.)

SEX

BIRTH DATE

SOCIAL SECURITY NUMBER

MARITAL STATUS

ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))

DRIVERS LICENSE NUMBER

STATE ISSUED

ADDRESS (Street Number and Name)

HOW LONG HAVE YOU LIVED IN MICHIGAN?

RACE

CITY

COUNTY

STATE

ZIP CODE

PHONE NUMBER

HEIGHT

WEIGHT

- I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the Family Independence Agency Central Registry will be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am licensed.

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR?

☐ NO ☐ YES (If yes, explain)

Type, Location, and Date of Conviction(s)

SIGNATURE OF PERSON TO BE CLEARED

DATE

SECTION III: CENTRAL RECORDS CLEARANCE (OCAL Use Only)

SECTION IV: CONVICTION CLEARANCE

PREVIOUS LICENSE?

☐ NO ☐ YES

INITIALS

CLEARANCE DATE

IS PROTECTIVE SERVICES
INFORMATION ON FIA?

☐ NO ☐ YES

LICENSE NUMBER